

35/601-17 Tabbahalillandallahalidallahalil

Cincinnati, OH 45202

<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Article Addressed to:</li> <li>Action Addressed to:</li> <li>A Signature</li> <li>B Acceived by (Printed Name)</li> <li>C Date of Delivery</li> <li>C Discontinuous different from item 1? ☐ Yes</li> <li>If YES, enter delivery address below: ☐ No</li> <li>Service Type</li> <li>Certified Mall ☐ Express Mall</li> <li>Decistered ☐ Beturn Receipt for Merchandise</li> </ul>	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  □ Addressee  □ B. Received by (Printed Name) □ C. Date of Delivery  □ Addressee  □ B. Received by (Printed Name) □ C. Date of Delivery  □ Addressee  □ D. Is delivery address different from item 1? □ Yes  If YES, enter delivery address below: □ No  □ Addressee  □ D. Is delivery address different from item 1? □ Yes  If YES, enter delivery address below: □ No  □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes  2. Article Number  (Transfer from service label) 7001 2510 0008 E348 7530	■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  DANIEL COINS  #373-04/  #630 VILLE CH  Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee) Yes  2. Article Number  (Transfer from service label)  A. Signature  X  A. Signature  A. Signature  X  A. Signature  A. Signature  X  A. Signature  X  X  A. Signature  B. Acceived by (Printed Name)  C. Date of Delivery  C. Date of Delivery  A. Service Type  A. Restricted Delivery  A. Signature  A. Signature  B. Acceived	■ Complete items 1, 2, and 3. Also complete A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  No  Service Type  Certified Mall   Express Mall   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes  2. Article Number (Transfer from service label)  7001 2510 0008 6348 7530	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  No  Service Type  Certified Mall  □ Express Mall □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes  2. Article Number (Transfer from service label)  7001 2510 0008 £348 7530	item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  D. Is delivery address different from item 1? □ Yes  If YES, enter delivery address below: □ No  ### 373-04/  ### Certified Mall □ Express Mall □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes  2. Article Number (Transfer from service label) 7001 2510 0008 5348 7530	
1. Article Addressed to:  If YES, enter delivery address below:  No  No  No  No  No  No  No  No  No  N	1. Article Addressed to:  If YES, enter delivery address below:  No  ANIEL Go'N S  #373-04/  **Corticle Number**    If YES, enter delivery address below:   No    No   Service Type   Cortified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.    A Restricted Delivery? (Extra Fee)   Yes    Yes   Cortified Number   Corticle Number	1. Article Addressed to:  If YES, enter delivery address below:  No  No  No  No  No  No  No  No  No  N	■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  ■ D. is delivery address different from item 1? □ Yes
# 373-64/  # 606; N.C. Crr. F. F. C.  3. Service Type    Certified Mall   Express Mall     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   45760-059   4. Restricted Delivery? (Extra Fee)   Yes  2. Article Number (Transfer from service label)   7001 2510 0008 6348 7530	# 373-641  **Face in Control of the	# 373-64/  # 606, we carr. Find.  3. Service Type    Certified Mall   Express Mall     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   45760-659   4. Restricted Delivery? (Extra Fee)   Yes  2. Article Number (Transfer from service label)   7001 2510 0008 6348 7530	1. Article Addressed to: If YES, enter delivery address below: ☐ No
POB 59    Certified Mall   Express Mall   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.    Article Number   Comparison   Compa	10 B 59 10 Son Ville C#   Son Ville	10 B 59  10 B 50 Ville C 4  10 Insured Mail C.O.D.  11 C.O.D.  12 A Restricted Delivery? (Extra Fee) Yes  12 Article Number (Transfer from service label)  13 Service Type  14 Registered Return Receipt for Merchandise  15 Insured Mail C.O.D.  16 Registered Return Receipt for Merchandise  16 Insured Mail C.O.D.  17 Insured Mail C.O.D.  18 Restricted Delivery? (Extra Fee) Yes	
Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.	POB 5-9   Certified Mall   Express Mall   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   HS 760-659   Restricted Delivery? (Extra Fee)   Yes   Article Number (Transfer from service label)   7001 2510 0008 6348 7530	Certified Mall	
PSON VILLE	PSON VILLE C#   □ Insured Mail □ C.O.D.	PSON VILLE C   □ Insured Mail □ C.O.D.	POB 5-9 Express Mall
2. Article Number (Transfer from service label) 7001 2510 0008 6348 7530	2. Article Number (Transfer from service label) 7001 2510 0008 6348 7530	2. Article Number (Transfer from service label) 7001 2510 0008 6348 7530	Insured Mail   C.O.D.
(Transfer from service label) 7001 2510 0008 6348 7530	(Transfer from service label) 7001 2510 0008 6348 7530	(Transfer from service label) 7001 2510 0008 6348 7530	45 760 - 59 4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
			2. Article Number 2001, 2510 0004 L244 2520